

## APPLICATION FOR CREDIT PURCHASING

**NAME OF COMPANY** : .....  
**NAME OF OWNER / SPONSOR** : ..... **NATIONALITY:** .....  
**NAME OF PARTNER(S)** : ..... **NATIONALITY:** .....  
**YEAR OF ESTABLISHMENT** : .....  
**TRADE LICENSE NUMBER** : ..... **VALIDITY:** .....  
**TYPES OF BUSINESS** : CATERING / HOTELS / RESTAURANT / RETAIL / WH. SALE / OTHER  
**LOCATION OF BUSINESS** : .....  
**NUMBER OF STAFFS** : ..... **NUMBER OF DELIVERY VEHICLES:** .....  
**TURN OVER (LAST YEAR)** : AED ..... **NUMBER OF BRANCHES:** .....

**BUSINESS DETAILS**

**ADDRESS** : .....  
**P.O.BOX:** ..... **TEL. NO.:** ..... **FAX NO.:** .....  
**NAME OF CHIEF ACCOUNTANT** : ..... **EMAIL:** .....  
**DO YOU HAVE ANY OTHER BRANCHES OR ASSOCIATE COMPANIES IN THE UAE?** YES / NO  
**IF YES, PLEASE GIVE NAME OF COMPANY, ADDRESS AND TELEPHONE NO.**  
 .....

**BANKER'S INFORMATION**

	<u>FIRST BANK</u>	<u>SECOND BANK</u>
<b>NAME(S)</b> :	.....	.....
<b>ADDRESS(ES)</b> :	.....	.....
	.....	.....
<b>TELEPHONE NO.(S)</b> :	.....	.....
<b>ACCOUNT NO.(S)</b> :	.....	.....

**REQUESTED CREDIT LIMIT** : DHS..... **REQUESTED CREDIT PERIOD** .....

**NAMES OF PERSONS AUTHORISED TO SIGN WHEN PLACING ORDERS AND FOR RECEIPT OF GOODS**

<b>NAME</b> :	.....	.....
<b>DESIGNATION</b> :	.....	.....
<b>SIGNATURE</b> :	.....	.....

**TRADE REFERENCES**

COMPANY NAME	CONTACT PERSON	TELEPHONE NO.	EMAIL

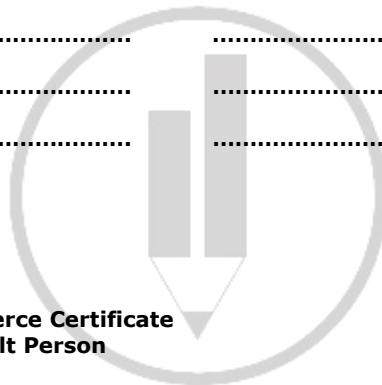
**TERMS AND CONDITIONS**

1. This application must be signed by the authorized persons whose names appear on the Trade License.
2. On signing this application, Pencil Office Supplies will be authorized to seek Bank and Trade references.
3. For any rejected cheque bank charges will be applied.
4. On expiry of any of the above mentioned documents Pencil Office Supplies has the right to stop business transaction till the updated documents are received.
5. Any change to the authorize signatory / ownership and change of location / changes to company structure should be informed for our records and may require a new application.
6. In signing this application, Pencil Office Supplies has the right to take the necessary legal action at the cost of the applicant, in case the applicant fails to pay all outstanding dues to the Company within the agreed period and also all personnel who have signed this application shall be responsible to pay these outstanding on the request of the Company.
7. All disputes arising in respect of all outstanding overdue account shall be finally referred to the United Arab Emirates Court for settlement.

	OWNER OF THE COMPANY	PARTNER / SPONSOR	PARTNER / SPONSOR
NAME :	.....	.....	.....
NATIONALITY :	.....	.....	.....
DESIGNATION :	.....	.....	.....
SIGNATURE :	.....	.....	.....
DATE :	.....	.....	.....

**ATTACHMENTS:**

1. Copy of Trade License
2. Copy of Chamber of Commerce Certificate
3. Passport copy of the Consult Person
4. Power of Attorney



COMPANY STAMP

**FOR OFFICE USE ONLY**

<u>SALES DEPARTMENT</u>	<u>MANAGEMENT</u>
SALESMAN: .....	APPROVED CREDIT LIMIT AED: .....
SIGNATURE: .....	APPROVED CREDIT PERIOD DAYS:.....
DATE: .....	APPROVED BY: .....
	DATE: .....